

FEE AUTHORIZATION, AMENDMENT TRANSMITTAL LETTER

Attorney's Docket No:
A-433B

Serial No. 08/951,733	Filing Date October 16, 1997	Examiner G. Bugaisky	Group Art Unit 1653
--------------------------	---------------------------------	-------------------------	------------------------

In Re Application of
Harrington, et al.

For

Novel Genes Encoding Telomerase Proteins

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

- ☐ Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):
- ☐ One month of original due date (\$110.00)
 - ☐ Two months of original due date (\$380.00)
 - ☐ Three months of original due date (\$870.00)
 - ☐ Four months of original due date (\$1,360.00)
 - ☐ Five months of original due date (\$1,850.00)
- ☒ A response in connection with the matter:
- ☒ is filed herewith.
 - ☐ has been filed.
 - ☐ The response is the filing of a continuing prosecution application having an express abandonment conditioned on the granting of a filing date to the continuing application.
- ☒ The accompanying papers include amended claims for which no additional fee is required.
- ☐ The accompanying papers include amended claims the fee for which has been calculated as follows:



CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) No. of extra claims present	(6) Rate	(7) Additional Fee
Total Claims	33	Minus	35	= 0	x \$18	= .00
Indep. Claims	15	Minus	17	= 0	x \$78	= .00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$260	= .00
Total Additional Fee for this Amendment					None	

*If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ The following other fees are incurred by the accompanying papers.

☐ Other: _____

Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ _____. A duplicate copy of this petition is attached.

- ☒ If an additional extension of time is required, please consider this a request therefore.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.

Please Send Future Correspondence To:

US Patent Operations/NAO

Dept. 430, M/S 27-4-A

AMGEN INC.

One Amgen Center Drive

Thousand Oaks, California 91320-1799

Nancy A. Oleksi
 Nancy A. Oleksi
 Attorney/Agent for Applicant(s)
 Registration No.: 34,688
 Phone: (805) 447-6504
 Date: March 14, 2000

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231, on the date appearing below.

3/14/00
 Date

Nancy A. Oleksi
 Signature